MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Dog Digt

1. PLACE OF I					PIFICATI			110.	110	
	DEATH:				2. USUAL RESIDEN					
COUNTY	Dorchester		MARYLA			inia county				
COUNTY CITY (If out OR and gi YOWN) HOSPITAL O INSTITUTION STREET ADI 3. NAME OF DECEASED: (Type or Pri 5. SEX: Male 10a. USUAL O work done	side corporate lim ve nearest town) Hurlock	its, write RURA	L LENGTH (in this 1 year	place)	OR .	corporate limits wr	ite RURAL	and give	nearest O9X	town)
HOSPITAL OF INSTITUTION STREET ADI	V OR	rican Stor	res Canner	y	STREET ADDRESS	(If rural,	, give location	on)		1
3. NAME OF	(First)		(Middle)		(Last)	4. DATE (1	Month) (Day)	(Year)	
DECEASED:	nt) Reub	en	Adam		Bailey	OF DEATH AU	igust :	13	1955	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, WIDOWI (Specify)	MARRIED, ED, DIVORCED, Married	8. DATE	of BIRTH: ary 11,1924	9. AGE last birthda	Months		Hours	24 HRS. Min.
10a. USUAL O	CCUPATION (Gi	ve kind of 101	, KIND OF BUS	SINESS OR		E (State or foreign		12. CIT	IZEN OF	WHAT
even if ret	tired): Day L	aborer (INDUSTRY:	ctory	Accomac C	ounty, Virgi	inia	U.S.	UNTRY?	
13. FATHER'S					14. MOTHER'S MA					
.7	ohn T. Bai	lev			Janie Map	D				
I5. WAS DECEA	SED EVER IN U.S. A	ARMED FORCES ?	6. SOCIAL SECURIT	Y No.:	17. 1NFORMANT &				10.5	
No.	(If Yes, give was service)		230-34-700	7	Mrs. Bessie	Bailey. Hurl	Lock. Ma	aryla	nd	
110					L CERTIFICATION					
I. DISEASES O	R CONDITIONS								TERVAL BI	
the state of the s	ite cause	(a)	The	m,	nn		*********************		· · · · · · · · · · · · · · · · · · ·	
Antecede Diseases of	nt cause(s) r conditions, if any e to the above cau derlying cause la	DUE TO (b)	m	m,	sher i	ver	ch	-) h	ni.
Antecede Diseases of giving ris stating un II. OTHER SIG	nt cause(s) r conditions, if any e to the above cau	DUE TO (b) Se DUE TO St (c) DITIONS CONTR OT RELATED	TO THE	<i>~</i>	may c	very	che		.) h	ni
Antecede Diseases of giving ris stating un II. OTHER SIG	nt cause(s) r conditions, if any e to the above cau- derlying cause la ENIFICANT CONI- DEATH BUT NO	DUE TO (b) (c) to the control of the contr	TO THE H.		none		che		. AUTOP	
Antecede Diseases of giving risestating un II. OTHER SIG	nt cause(s) r conditions, if any e to the above cau- iderlying cause la continuous la continuous la condition of corrections operation: L cause was	DUE TO (b) se DUE TO st (c) DITIONS CONTR CAUSING DEATI 19b. MAJOR FIN	TO THE H IDING OF OPER ACE (Home, far	ATION:	21c. (City or tov	vn) (Co	cho unty)			
Antecede Diseases of giving ris stating un II. OTHER SIG	nt cause(s) r conditions, if any e to the above cause la ENIFICANT CONI- DEATH BUT NO OR CONDITION COPERATION: L CAUSE WAS or CONTRIBUTIN EATH. nth) (Day) (Yes	DUE TO (b) (c) St (c) OITIONS CONTR CAUSING DEAT) 19b. MAJOR FIN OF NG (Hour) 21b. PL OF ar) (Hour) 21c.	TO THE H	m, factory, bldg., etc., Cacks	21c. (City or town Hurloc 21f. HOW DID	k NJURY OCCUR?			Yes 🔲 1	
Antecede Diseases of giving ris- stating un II. OTHER SIG TO THE I DISEASE (19a. DATE OF 21a. EXTERNA PRIMARY I CAUSE OF D 21d. TIME (Mo OF INJURY	nt cause(s) r conditions, if any r conditions, if any r conditions, if any r conditions, if any entropy cause la conficient conditions OPERATION: L CAUSE WAS or CONTRIBUTIN EATH. nth) (Day) (Yes Aug 13 195	DUE TO (b)	TO THE H. ACE (Home, farr street, office URY Barr S. INJURY OCCU While at Nat	m, factory, bldg., etc., acks URRED ot while work	21c. (City or tov Hurloc 21f. How DID Shot by	NJURY OCCUR?	unty)	20.	Yes 1 1 (State)	No 🗆
Antecede Diseases of giving ris stating un II. OTHER SIG	nt cause(s) r conditions, if any r conditions, if any r conditions, if any r conditions, if any entered to the above cause land the condition of the condition	DUE TO (b)	ACE (Home, fare street, office URY Barre, While at Nework at of the remain ural causes	m, factory, bldg., etc., racks JRRED ot while work A secrib	21c. (City or tow Hurloc 21f. HOW DID 1 Shot by ed above, held an ent , Suicide CHIEL DEPU M. D. ASSIS	NJURY OCCUR? shot gun Autopsy , I	nspection Under	□, Incetermin	Yes 1 1 (State) Md.	No□], and se □.
Antecede Diseases of giving rises stating un II. OTHER SIG TO THE IDISEASE C 19a. DATE OF 21a. EXTERNA PRIMARY IT CAUSE OF D 21d. TIME (Mo OF INJURY 22. I hereby find that SIGNATURE 23. BURIAL, C REMOVAL BUTJ	nt cause(s) r conditions, if any r to the above cau derlying cause la MIFICANT CONI DEATH BUT NO R CONDITION CO OPERATION: L CAUSE WAS or CONTRIBUTIN EATH. nth) (Day) (Yer Aug 13 195 certify that I	DUE TO (b)	ACE (Home, farrestreet, office UURY Barrest, NJURY OCCU While at Nework at of the remain ural causes INAME OF Burton	m, factory, bldg., etc., 2CKS IRRED ot while work 2 s describ	21c. (City or town Hurloc Hurloc) 21f. How Did to Shot by ed above, held an ent , Suicide CHIER DEPU M. D. ASSIS	shot gun Autopsy , In Homical examination (ci	nspection , Under AMINER EXAM.		Yes (State) (State) Md. quiry cau	No

S. A15A - 5 - 53



H

MARYLAND STATE DEPARTMENT OF HEALTH

7690

2411 N. Charles Street, Baltimore

07695

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Dor
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (In this place) CORD (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS 170 Washington St	STREET (If rural, give location) ADDRESS 170 Washington St
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) Nor a	Bell DEATH August 12, 19 5
5. SEX Female 6. COLOR OR RACE Negro 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 1 Apr. 5.1882 9. AGE last birthday If under 1 year If under 24 hrs Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	Dorchester-Co., Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Travers	Annie Nash
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT Ruth Adams
(Yes, no, or unknown) (If year, give war or dates of 214-07-9865	170 Wash., St-Camb., Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0 Immediate cause (a) Hypertensive Ari	teriosclerotic Heart Disease Interval Between ONSET and DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	nsation
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
I DI ACE (II for fortune change	Yes No CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bidg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY mr. While at Not Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Oct.	11, 19 54, to Aug. 12, 19 55, that I last saw the deceased
alive on Aug. 12, 1955 and that death occurred at.	m., from the causes and on the date stated above. ADDRESS DATE SIGNED
alive on Aug. 12, 1955 and that death occurred at. SIGNATURE J. EDWIN FASSETT, M.D22	ADDRESS ADDRESS AND AUGUST 13,1955
alive on Aug. 12, 1955 and that death occurred at. SIGNATURE J. EDWIN FASSETT, M.D22	ADDRESS ADDRESS AND THE CAUSES AND ON the date stated above. ADDRESS DATE SIGNED AUGUST 13,1955 CERY OR CREMATORY LOCATION (City, town, or county) (State)

BUREAU V. S.

8361 91 **904**

BECEINED

FUNERAL DIRECTOR

LeCompte Funeral Service

Cambridge, Maryland

ADDRESS

BINDING Supply the Z 0 RESERVED DIN Phys d PI WRITE OR TYPE SE 4 回

carefully. legibly.

information

of

item

every causes

and

clearly

death

of

write

Se

ea

d

sicians

important.

02

correct

OR

5. SEX

no

OF INJURY

DATE REC'D

REGISTRAR

BY LOCAL

TOWN

BUREAU V. L.

THE REPORT OF THE PROPERTY OF

SHOW THE RESERVE OF THE PROPERTY OF THE PARTY OF THE PART

81 90 1952 STA

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7692 CERTIFICATE OF DEATH

The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information

ARGIN RESERVED FOR BINDING

8

6

V

Reg. Dist. No. //6....

1032	ing. Dist	. 110. // 6	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:	
county Dorchester Maryland	STATE Maryland COUNTY Dorchester		
CITY (If outside corporate limits, write RURAL (in this place) /3 TOWN Cambridge 1 day	CITY(If outside corporate limits, write RURAL : OR TOWN Cambridge		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital	STREET (If rural give location) ADDRESS Cambridge	/	
		Day) (Year)	
DECEASED: (Type or Print) John Charles Br	ooks Jr. OF DEATH: Aug. 28,19		
RACE: WIDOWED, DIVORCED,	9. AGE last birthday Months I	Pays Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10A. USUAL OCCUPATION (Give kind of iOB. KIND OF BUSINESS OR INDUSTRY:	ii. BIRTHPLACE (State or foreign country): 12. Cambridge	CITIZEN OF WHAT COUNTRY?	
i3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
John Charles Brooks	Ann Marie Brown		
13. Was Deceased Ever In U.S. Armed Forces: (Yes, no, or unk.) (If Yes, give war or dates of service) NO NOR		rough Ave.,	
18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	ONSET AND DEATH	
160.0 IMMEDIATE CAUSE (A) Brain	rijuy	1 dec	
ANTECEDENT CAUSE (8)	(30 min)	0	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	recipitals, Abbox Allivery	ldag	
(C)		74 = 1 - 1 2	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
		YES NO	
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factor OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (if either, notify medical examiner)	ory. 21c. WHERE DID (City or town) (Countetc. INJURY OCCUR?	(State)	
21b. TIME (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED While Not while at work at work	21F. HOW DID JNJURY OCCUR?		
22. I hereby certify that I attended the deceased from 8-27-	5, 19p., to 828, 1953, that I last	saw the deceased	
alive on 8. 28	11.30M, from the causes and on the date		
	RY OR CREMATORY LOCATION (Gity, town, or	county) (State	
DATE RECT BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR - Ja- 55 What & All A- D.	24 FUNERAL DIRECTOR Kenneth R. Thomas, Cambridge, M	ADDRESS	

BUREAU V. S.

9961 08 9NV

BECEINED

(Day)

(Year)

IF UNDER 24 HRS.

ONSET AND DEATH

20. AUTOPSY1

(State)

(State)

(County)

24. FUNERAL DIRECTOR

LeCompte Funeral Service Cambridge, Maryland

DATE SIGNED

ADDRESS

Hours

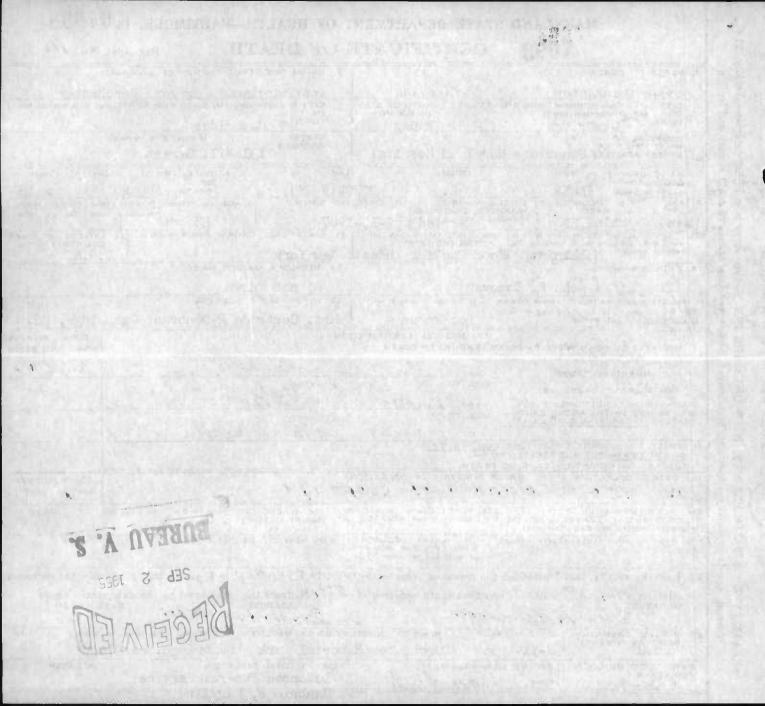
COUNTRY?

U.S.A.

ιż

DATE REC'D BY LOCAL

MARGIN RESERVED



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C

			,		116	5.4	9
ERTIFICATE	OF	DEATH	Reg.	Dist.	No.	176	2.

	Reg. Dist. No. 770
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Dorchester MARYLAND	STATE Maryland county Dorchester
CITY (If outside corporate limits, write RURAL OR and give nearest town) Cambridge CITY (If outside corporate limits, write RURAL (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
COUNTY Dorchester COUNTY Dorchester CITY (If outside corporate limits, write RURAL COUNTY OR and give nearest town) Cambridge HOSPITAL OR INSTITUTION OR Cambridge Maryland Hospital 3. NAME OF (First) (Middle) DECEASED: (Type or Print) MARY AGNES DAMSON DUMN 5. SEX: [6. COLOR OR [7. SINGLE, MARRIED,] 8. DATE	STREET (If rural give location) ADDRESS RFD#2
3. NAME OF (First) (Middle) DECEASED: (Type or Print) MARY AGNES DAMSON DUMN	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: AUGUST 6 1955
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
NOA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Housewife Own Home	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert Dawson	Alice Shipley
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: RFD#2
13. FATHER'S NAME: Robert Dawson 13. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) NO. 16. SOCIAL SECURITY NO. 16. SOCI	Mr. Levin T. Dunnock: Cambridge, Md.
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
IDISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DISEASES OR CONDITIONS, IF ANY, DISEASES OR CONDITIONS DISEASES OR	tensive Heart Disease 4grs
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County) (State)
OF INJURY	21F. HOW DID INJURY OCCUR?
SIGNATURE	M, from the causes and on the date stated above. ADDRESS DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	Memorial Park Cambridge, Marvland (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR LeCompte Funeral Service

BECENAED

BUREAU V. S.

AUG 12 1965

如果你可见你是一些你的吗? \$0 次至这分别是这个是我的一种人的一种人们

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	I No. //6
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Dorchester MARYLAND STATE Maryland COUNTY Dorch	ester
CITY (If outside corporate limits, write RURAL OR and give nearest town) 13 TOWN Cambridge LENGTH OF STAY (in this place) 14 years CITY (If outside corporate limits write RURAL OR TOWN Cambridge	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Maryland Ave. STREET ADDRESS 309 Maryland Ave. 309 Maryland Ave.	on)
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (DECEASED: OF arrive or Print) Charles Thomas Fairbanks DEATH Aug. 31,	(Day) (Year) 1955 19
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, Wildows Married Aug. 7, 1897 9. AGE last birthday: IF UNDER Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work life, even if retired): Machinist in Canning Factory 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): INDUSTRY: 110a. USUAL OCCUPATION (Give kind of INDUSTRY: INDUSTRY: Trappe, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
George Edward Fairbanks Willie Lewis 15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: 17. INFORMANT & ADDRESS: 309 Mary (Yes, no, or unk.) (If Yes, give war or dates of	rland Ave.,
service) 218-16-9271 Mrs.Maude F.Fairbanks, Cambridg	e,Md.
Is. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Coronary occlusion Due to	Interval Between Onset and Death Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No 🙀
ZIA. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ OF street, office bldg., etc., INJURY.	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work □ 21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy □, Inspection find that death resulted from: Natural causes ☒, Accident □, Suicide □, Homicide □, Und SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER	letermined cause DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (Specify): Sept.2,1955 Dorchester Memorial Park Cambridge, Md.	or county) (State)
DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE REG. 9 / 5 / 6 / 7 / 6 / 7 / 7 / 7 / 7 / 7 / 7 / 7	ADDRESS

BUREAU V. S

SEP 6 1955

BECEINE

· 7709 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	7
					-

1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Eastern Shore State HospitakLAND	STATE Maryland COUNTY Caroline
CITY (1f outside corporate limits, write RURAL OR and give nearest town) LENGTH OF ST (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fastern Shore State Hospital	STREET (If rural, give location)
J. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Olive Virginia	Howard OF DEATH August 6 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. D. WIDOWED DIVORCED.	ATE OF BIRTH: 9. AGE iast birthday: IF UNDER 1 YEAR IF UNDER 24 HR
work done during most of work life, INDUSTRY:	br 7 PABIRTHPLACE (State or foreign country): 12. CITIZEN OF WILL COUNTRY?
even if retired): Housewife Own Home	Maryland U. S. A.
	14. MOTHERS MAIDEN NAME:
Frank Collins	Martha
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
service)	Hospital Records
Antecedent cause(s) Diseases or conditions, if any, (b)	red left hip.
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION	20. AUTOPSY? Yes □ No □
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg.,	240
CAUSE OF DEATH. CAUSE OF DEATH. CAUSE OF DEATH. INJURY COURSED	211. Rownbus inhony occuparchester Md.
22. I hereby certify that I took charge of the remains des	cribed above, held an Autopsy , Inspection , Inquiry , arcident , Suicide , Hondical , Undetermined cause CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
REMOVAL (Specify):	TERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE RECEIVED TOTAL REGISTRATE SIGNATURE TO CONTROL OF STATE OF ST	J. Virgil Moore
	Denton, Md.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

MANAGER CHRISTIAN ASSE

MARYLAND	STATE	DEPARTMENT	OF HEALTH
----------	-------	------------	-----------

2411 N. Charles Street, Baltimore

	1	0	
Dora	1	1/1	
1 Carre	nel	rer	

43	9	My	4	1
-11	34	4	1	4
V	•		-dia	adli.

Worshexter CERTIFICATE OF DEATH Reg. 1	Dist. No. 116
1. PLACE OF DEATH- COUNTY OF THE PROPERTY OF T	SOUNTY,
OR give engrest town of the Town Town Town	Rural X
17 INSTITUTION OR Combudge Lough, ADDRESS	ention)
(Type or Print) former for the DEATH are	onth) (Day) (Year)
Mal lendry a (Specify) sengtes feure 151927 To 8 yr.	If under 1 year If under 24 hre Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or 11. BIRTHPLACE (State or foreign country) INDUSTRY	12. CITIZEN OF WHAT
13. FATHER'S NAME, WILLE FOR SOME 14. MOTHER'S MAIDEN NAME for the forther forther for the forther for the forther forther for the forther forther for the forther forther for the forther forther forther forther forther for the forther for	cken
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. Social Security No. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of service)	unlock med
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Massive Liver Necrosis Antecedent cause(s) Diseases or conditione, if any, giving rise to the above cause	
etating the underlying cause last (e) Acute Duodenal Ulcer-Pyolorspasm	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY (CITY OR TOWN)	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not While INJURY Mork At work	
22. I hereby certify that I attended the deceased from Augus, 1955, to 22 Aug., 1955, that alive on 22 Augus, 1955, and that death occurred at m., from the causes and on the SIGNATURE (Degree or title) ADDRESS Wellow Hard M.D 227 Pine St-C	date stated above. DATE SIGNED
BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town REMOVALI (Specify)	, or equity) (State)

PERAU V. E.

9961 FT 100

BECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 12, FilmG185 8-30-55 et

7696 CERTIFICATE	E OF DEATH Reg. Dist. No. /	16
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME.) OF DECEASED:	
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Cambridge Cambridge Cambridge	CITYIIf outside corporate limits, write RURAL and give ner OR TOWN Cambridge	arest tow
HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Choptank Ave.	STREET (If rural give location) ADDRESS 309 Choptank Ave.	1
3. NAME OF (First) (Middle)	OF 4 0/ 3055	(Year)
Female 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED. July 2	24,1882 73 yrs. Months Days Hour	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	11. BIRTHPLACE (State or foreign country): 12. CITIZEN COUNTRY Castle, Germany	OF WHA
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown	
(Yes, no, or unk.) (If Yes, give war or dates of service) NO.	Mrs.Robt.L.Kuhn, 309 Choptank Ave.Cam	ıb.Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	Joite (Hyperthyrordism 10)	COLL UTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	21F. HOW DID INJURY OCCUR?	
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) AUG CO JONE Greensboro	10:00M, from the causes and on the date stated ab ADDRESS DATE STONE D. D. Causer & L. C. City, town, or county)	oove.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	Rawlings Funeral Home, Greensboro, M	

BUREAU V. E.

1925 SUL 265

BECENED

DIVIZOZIO AUG 19 1955

BUREAU V. S.

7710 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CEI	RTIFICATE OF DEATH	No. // 6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Dorchester MARYLAND	state Maryland county Kent	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cambridge LENGTH OF STA	CITY (1f outside corporate limits write RURAL and OR TOWN Chestertown, Maryland	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital	STREET (If rural, give location)	V
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Carl Medford	LeCates OF DEATH August 25	19 55
RACE: WIDOWED, DIVORCED,	ATE OF BIRTII: 9. AGE last birthday: IF UNDER I Y Months Da	
IOa. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) as Company	OR 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WIIA' COUNTRY? U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
James S. LeCates	Margaret Burris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unkey) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Eastern Shore State Hospital Record	rde
10 MED	DICAL CERTIFICATION	. (45)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) Delerium	Tremens	ONSET AND DEATH
Diseases or conditions, if any, (b)	Alcoholism.	?
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION		20. AUTOPSY?
21s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., e 1NJURY	etc.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while in JURY M. work □ at work □	e de la companya de	
22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes , Acsignature	cribed above, held an Autopsy , Inspection ; crident , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM	Inquiry , and mined cause NATE SIGNED 8/25/55
REMOVAL (Specify): 18/28/55 Ches	TERY OR CREMATORY LOCATION (City, town, or co	Mil
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 8-25-55 Oka V all.	. Julie Wells Clest	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

ON HILAME HER DEFINE	
CHECKE REMINDICE (ROBE) OF DECIMAL	E PLACE OF DEATH:
WWW.DD STATE	GELLED M. STREET, CO. STREET,
(come series only has JASTAL above shall depressed solder \$11 9715 and an arrange series and arrange series are also series and arrange series and arrange series are also series are also series and arrange series are also s	TATE TO RESIDE AND STORE STORE AND AND STORE STORE AND
(=ithers) with short III TIRELE IESTERIE)	
Family (cold) (classif) RTAG 4 (seat)	L N.Cott OF LPGS (Middle) UMCEANGED OTHER or Public
OF REELES. IN ACR. Set Methods we then I have been a work of Man.	S. HENG S. COLUMN I S. SECULI, MARRIED S. DATE WHOMPAD, HAVORITIC HACKLY HOSSING HAVORITIC HOSSING
TANTHOOD IN THE PROPERTY OF THE CONTRACT OF THE CONTRACT OF THE PARTY	NO SECRETARY TO USE AND IS AND SECURITY AND
IS NOTHING MARKET NAMES	THE RANGE WHEN THE PARTY OF THE

IL I hereby certify that I took charge of the countins described above, held an Autopay 25, Inspection 71, Inquiry 73, and find that their received from Natural causes [1] Accident [2] Saiothe [3] Houselds [3],

DATE THEREOF

8-26-1955

REGISTRAR'S SIGNATURE

maryland state departmen 7693 CERTIFICATI	110000
1. PLACE OF DEATH: COUNTY Dorchester MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland county Dorchester CITY(If outside corporate ilmits, write RURAL and give nearest town)
/3 TOWN Cambridge 3 days	OR TOWN Madison
HOSPITAL OR INSTITUTION OR GOVERNMENT ADDRES Cambridge Maryland Hospital	STREET (If rural give location) P.O.
DECEASED: BENEDICT FRANCIS MA	BEATH: NOG 22 1977
Male White Specify Married 8. Date (Specify Married 12-27-	
work done during most of working life, even if retired) Teacher 108. KIND OF BUSINESS OR INDUSTRY: Public School Systems	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? em New York U.S.A.
Benedict B. May	Not Known
(Yes, no. or unk.) (If Yes, give war or dates of service) 18. Social Security No.	Robert B. May: New York 64, N.Y.
18. MEDICAL CERTIFICAT	
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO CLUBS (A) CLUBS (B) CULS DUE TO	al ambalus 2 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	istelenia 5 yr
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	
22. I hereby certify that I attended the deceased from 9-6	

ADDRESS

M. D.

NAME OF CEMETERY OR CREMATORY

Walter B. Cook Crematorium

DATE SIGNED

New York

ADDRESS

(State)

LOCATION (City, town, or county)

New York

24. FUNERAL DIRECTOR
LeCompte Funeral Service

Cambridge, Mary Land

every MARGIN RESERVED FOR BINDING Supply the INK. UNFADING Physicians WITH PLAINLY especially WRITE OR TYPE SE PLEA

causes

write

please

important.

3

age

correct

alive on .

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
Cremation

DATE REC'D BY LOCAL

SIGNATURE-

10 - 53

A15 VS.

THE STREET PROPERTY OF THE PARTY OF THE PART

THE REPORT OF THE PROPERTY OF THE PARTY OF T

THE STATE OF THE PARTY OF THE STATE OF THE S





BUREAU V. S.













Cambridge. Maryland

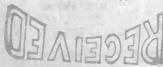
S

REGISTRAR

BUREAU V. S.

HAT THE THE THE STREET WHEN THE THE POST OF THE PROPERTY OF TWANTINGS

9961 68 5UA



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATI	E OF DEATH Reg. Dist.	No. 110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
COUNTY Dorchester MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		nester
X TOWN Federalsburg - Rural 8 months	TOWN Federalsburg - Rural	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Cokesbury	STREET (If rural give location) Near Cokesbury	1
Profit Company	(Last) ichols 4. DATE (Month) (DOM) OF DEATH: August 2	Ohy) (Year) 27 1955
Male White Whowed, Divorced. (Specify): Married Februs	of BIRTH: 9. AGE last birthday Months Di	aya Hours Min.
work done during most of working life. even if retired Retired Farmer Farm Owner	Caroline County, Maryland U.	COUNTRY?
13. FATHER'S NAME: Alex Nichols	Sarah Murphy	
(Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.	17. INFORMANT & ADDRESS: Alice V. Nichols, Seaford, Del	R.F.D.
18. MEDICAL CERTIFICAT		INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	(4)	ONSET AND DEAT
IMMEDIATE CAUSE (A) Chian	ic myocarditis	Syri
ANTECEDENT CAUSE (S)		0
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. etc. 21c. WHERE DID (City or town) (County of the city of town)	y) (State)
21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work.		
22. I hereby certify that I attended the deceased from alive on signature 1955, and that death occurred at	9:45A M, from the causes and on the date s	stated above.
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Aug. 30, 1955 Hill Crest	ERY OR CREMATORY LOCATION (City, town, or	county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	J.J. Framptom and Son, Federal	ADDRESS

VS. A15-

Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDING

BUREAU V. &

SEP 2 1955

DECENTED

Cambridge, Maryland

MARGIN RESERVED

The

and

clearly

death

of

the

5. SEX:

Male

ves

information

of

item

pply

Sul write

×

Z se

DING

Z

3

AINL

PL

田 RITI

OR

0.

SE

V

回

7

sicians

Phys

importa

especially

UNITED SHOULD SEED TO ASSESS THE TARE OF THE STATE OF THE PERSON. BUREAU V. S. THE REAL PROPERTY OF THE PROPE SEP 14 1955

(Yesr)

155

Hours

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

write RURAL and give nesrest town) D. Nr. Williamsburg

country): |12. CITIZEN OF WHAT COUNTRY? U. S. A.

OF DECEASED:

	2 -6	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	f:
	careful	COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorch	ester
	information careful clearly and legibly	CITY (If outside corporate limits, write RURAL OR and give heavest town limits, write RURAL LENGTH OF STAY TOWN UT al-Nr. Williamsburg, Md. in this place)	CITY(If outside corporate limits, write RURAL at OR RUPEWNHURLock, R. F. D. Nr. Wi.	nd give n
	item of information of death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) Near Williamsburg, Md.	
(0)	of infath cl	3. NAME OF (First) (Middle) (I DECEASED: (Type or Print) John Linwood Quail		Day) 22
	r item	RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	ays Hou
SN	Supply every item of te the causes of death		Hurlock, Maryland U.	CITIZEN COUNTR
DI	pply	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
NIS	Sur te t	Eli Quailes	Hattie Strawberry	
K K	IK.	(Yes, no, or unk) (If Yes, give war or dates of service) WW II 219-01-3885	17. INFORMANT & ADDRESS: Hattie Quailes, Williamsburg,	Md.
		18. MEDICAL CERTIFICATIO	ON	INTERVA
VE	Ö	i diseases or conditions directly leading to death	2 2 0	ONSET
ER	A.I.	IMMEDIATE CAUSE (A)	'warmanale	600
ES	UNF	ANTECEDENT CAUSE (8)	0 4 '	-
ARGIN RESERVED	WITH UNFA	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	ic myocardel is	5
AR	W nt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
	LAINLY, W	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. A
VRITE PL		21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facto OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., e		у)
	> 10	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
	OR ie	22. I hereby certify that I attended the deceased from	, 1955, to 8 29 1955, that I last	saw th
က္ခ	चि क		1:22 At from the unuses and on the date of	

20. AUTOPSY? (County) (State)

INTERVAL BETWEEN ONSET AND DEATH

22. I hereby certify that I attended the deceased from 1953, to 23, 1955, that I last saw the deceased 55 and that death occurred at 4:22 Am, from the causes and on the date stated above. alive on

SIGNATURE

23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY)
Burial Near Hurlock, Maryland Aug. 24,1955 Washington Cemetery

Framptom and Son, Federalsburg, M d

A15 - 10 - 53 VS

TYPE

PLEASE

correct

The

BUREAU V. S.

SED S 1955

BECENED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7773

DECEASED Type or Print) Second Color or 7. Single Married Apr. 6, 1886 Apr. 6, 28, 1955 19 S. SEX: 6. COLOR or 7. Single Married Apr. 6, 1886 69 yr, Months Days Hours Wilbowed Wilbowed Married Apr. 6, 1886 69 yr, Months Days Hours Wilbowed Married Apr. 6, 1886 69 yr, Months Days Hours Work done during most of working life, even fretired Farmer Retired Self employed Church Creek, Md. County 12. Citizen of County 13. Father's NAME: 13. FATHER'S NAME: 14. Mother's Malden NAME: A. Bowdle Robinson Annie Willis A. Bowdle Robinson Annie Willis A. Bowdle Robinson Annie Willis Mrs. Myrtle B. Robinson, Cambridge, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCEST (c. Social Security No. No. Mrs. Myrtle B. Robinson, Cambridge, Md. 16. MEDICAL GERUFICATION INTERVAL B ONSET AND OF Service) NO. Mrs. Myrtle B. Robinson, Cambridge, Md. 18. MEDICAL GERUFICATION INTERVAL B ONSET AND OBSEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) C) C) C) C) COUNTY C) C) COUNTY C) C) C) C) C) C) C) C	CERTIFICATE	OF DEATH Reg. Dist. No.	
CITY If outside corporate limits, write RURAL length of STAY of the black of the bl	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
CITY If outside corporate limits, write RURAL in this place) OR and give nearest town) OR and give nearest town) OR and give nearest town OR and give nearest to give location OR and give location OR and give nearest to	COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorches	ter
3. NAME OF STREET ADDRESS 303 Peach Blossom Ave. 3. NAME OF DECEASED: William Lake Robinson Searth. Aug. 28, 1955 (Yearth Aug. 28, 1955) 5. SEX: 6. COLOR OR 7. SINGLE MARRIED. WIDOWED DIVORCED. B. DATE OF BIRTH: PACE WIDOWED DIVORCED. S. DATE OF STREET WIDOWED DIVORCED. S. DATE		CITY(If outside corporate limits, write RURAL and give	e nearest town)
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IDEATE CAUSE ANTECEDENT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTO YES ACCIOENT WAS UNDERLYING ACCIOENT WAS UNDERLYING ANTECEDENT CAUSE ANTECEDENT WAS UNDERLYING ANTECEDENT WAS UNDERLYING ACCIOENT WAS UNDERLYING ANTECEDENT WAS UNDERLYING ACCIOENT WAS UNDERLYING ANTECEDENT WAS UNDERLYING BY ANTECEDENT WAS UNDERLYING ANTECEDENT WAS UNDERLY WAS UND	HOSPITAL OR	ADDRESS	1
Male Male Martie Married Apr.16,1886 69 Months Days Hours	DECEASED: Milliam Take Pohi		(Year)
13. FATHER'S NAME: A. BOWGLE Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none Mrs. Myrtle B. Robinson, Cambridge, Md. 17. INFORMANT & ADDRESS: 303 Peach Blosson Mrs. Myrtle B. Robinson, Cambridge, Md. 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. LEADING TO DEATH (A) DUE TO ANTECEDENT CAUSE (S) DUE TO DUE TO CONTRIBUTING UNDERLYING CAUSE LAST. (C) 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTO YES 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While Not while While Work at wor	Male White (Specify): Married Apr.	.16,1886 69 yrs. Months Days	
13. FATHER'S NAME: A. BOWGLE Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If either, notify Medical Examiner) 16. SOCIAL SECURITY NO. IT. INFORMANT & ADDRESS: 303 Peach Blosson mone Mrs. Myrtle B. Robinson, Cambridge, Md. 17. INFORMANT & ADDRESS: 303 Peach Blosson Mrs. Myrtle B. Robinson, Cambridge, Md. 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. MADOR TO DEATH ANTECEDENT CAUSE (S) DUE TO (C) 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING DEATH. 19. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTO (TEST AND CONTRIBUTING CONTRIBUTION CO	work done during most of working life, even if retired Farmer Retired self employed	Church Creek, Md.	TRY?
17. INFORMANT & ADDRESS: 303 Peach Blosson (Yes, no, or unk.) (If Yes, give war or dates of service) none 18. Medical certification 19. Medical certificat		14. MOTHER'S MAIDEN NAME:	
(Yes, no, or unk.) If Yes, give war or dates of service) none Mrs.Myrtle B.Robinson, Cambridge, Md. 15. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (8) DUE TO DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING DEATH OF INJURY Street, office bidg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. OF INJURY OCCUR? While Not with Medical Examiner Mrs.Myrtle B.Robinson, Cambridge, Md. INTERVAL B ONSET AND O	A. Bowdle Robinson		
IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. 21B. PLACE (Home, farm, factory, of injury occur? OF INJURY Street, office bldg., etc. 11D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While Not while at work 22. I hereby certify that I attended the deceased from Major, 19 Jan, that I last saw the deceased on the date stated above.			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. 21B. PLACE (Home, farm, factory, local property) 21C. WHERE DID (City or town) (County) (St. INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRED While Not while of the work of the	IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO (B) DUE TO (C)	vous occlusion 20 none Heart Disease	Jyss.
20. AUTO PERATION: 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while Not while at work 21 work 22. I hereby certify that I attended the deceased from Market 23, 19 f., to find the causes and on the date stated above	TO THE DEATH BUT NOT RELATED TO THE		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While Not while at work at work 23, 19 f., to 19 f., that I last saw the dealive on 19 f., 19 f., and that death occurred at 11.45M, from the causes and on the date stated above		20.	AUTOPSY?
22. I hereby certify that I attended the deceased from Made 23, 1950, to 1950, that I last saw the dealive on 1950, and that death occurred at 11.45M, from the causes and on the date stated above	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,		(State)
alive on 19 13, and that death occurred at 11.45M, from the causes and on the date stated above	OF INJURY M. While Not while at work at work		
Laurence Maryanov M.D. Campridge mel 8/29/	alive on	11.45M, from the causes and on the date states ADDRESS DATE SIG	d above. ENED 29/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BREMOYAL (SPECIFY) Aug. 30,1955 Richardson Family Cemetery Church Creek, Md.		Family Cemetery Church Creek, Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTBAR 24. FUNERAL DIRECTOR ADDRESS Kenneth E. Thomas, Cambridge, Md.	REGISTRAR IN // //		DRESS

VS. A15 -- 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

RGIN RESERVED FOR BINDING

SECEDAED SO TOLE

BUREAU V. S.

DECEIVED AUG 12 1955

and the contract of the state o

BUREAU V. E.

TO N	infe	010
WI)	of	440
	item	A 40
5	every	200000
MARGIN RESERVED FOR BINDING	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of info	
8	Ø	4:
FOR	INK	-
/ED	ING	-100
ER	FAD	
RES	ND	
GIN	ITH	10
AR	W,	7
1	NLY	1
	LAI	
	因	11
	VRIT	
	OR	
e0	PE	
S. A15 — 10 - 53	TY	
1	SE	
All	LEA	
ró	Д	

rmation carefully. The

arly and legibly.

oly.	1. PLACE OF DEATH:	1 2. USUAL RESIDENCE (HOME) OF DECEASE		
0 1		2. USUAL RESIDENCE (NOME.) OF DECEASE	D:	
legib	COUNTY Dorchester MARYLAND	STATE Manyland COUNTY Tal	est	
and le	CITY (If outside corporate limits, write RURAL COR and give nearest town) (in this place) CONN Cambridge, MINICAL CONTROL CONT	CITY (If outside corporate limits, write RURAL s OR TOWN St huchaels		
clearly	HOSPITAL OR INSTITUTION OR EASTERN Thou State Hospital	STREET (If rural give location)	1	
death c	3. NAME OF (First) (Middle) DECEASED: (Type or Print) MARGARET BRIDGE SHU	OF .	Day) (Year)	
s of de	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify): 2 Manual Quels.	OF BIRTH: 9. AGE last birthday IF ONDER 1	YEAR IF UNDER 24 HRS Days Hours Min.	
cause	OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	Maryland.	COUNTRY?	
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
e write	15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANTA ADDRESS: Hospital record	2.	
pleas	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN ONSET AND DEATH	
ms:	IMMEDIATE CAUSE (A) DUE TO	as Pneumonia	7 days.	
hysicia	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DIF TO	al Hemorrhage.	5 mrs. +	
nt. P	STATING UNDERLYING CAUSE LAST. (C) Dinual	zed arterio Scherosis	5 mos +	
mportant	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	gin Syndrome o arteriorda	5 mos +	
y imp	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
especiall	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)	
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?		
age	22. I hereby certify that I attended the deceased from June 25, 1955, to Curg. 8, 1955, that I last saw the deceased alive on Curg. 1955, and that death occurred at 7 PM, from the causes and on the date stated above. SIGNATURE DATE SIGNED			
correct	23. BURIAL, CREMATION, DATE THE TEOF NAME OF CEMETE	ery or crematory Location (City, town, aurch Cemetery St. Michaels, Ta.		
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 8-10-55 John & hale, 4h. 10.	24. FUNERAL DIRECTOR NORMAN D. MARSHALL St. Michael	ADDRESS	

BECEINED AND II 1955

BUREAU V. S.



BINDING
FOR
RESERVED
MARGIN

CERTIFICAT	TE OF DEATH Reg. Dist. No. 1/6
1. PLACE OF DEATH- COUNTY TO whester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate Units, write URAL and LENGTH OF STAY OR give nearest town) TOWN CITY (If outside corporate Units, write URAL and IENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS (ashbridge)	STREET (If rural, give location) ADDRESS
3. NAME OF DECEASED (Type or Print) HTON HE WAY	Spear DEATH (Month) (Day) (Year OF DEATH (Death) (Day) (Year DEATH (Death) (Day) (Year DEATH (Death) (Day) (Year DEATH (Death)
Male Thite Wisowen,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 Wonths. Days Hours M yrs.
done during most of yorking high, well if retired)	11. BIRTHPLACE (State or foreign country) 12. STREET OF WARDEN NAME)
13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	mary gradley
(Med, no, or unknown) (If year, give war or dates of service)	Ins altouge on the me had
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	Artery Thrombosis 2 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).	Coronory artery Byen
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	is mellitus?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes □ No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	
alive on	ADDRESS : BATE SIGNE
PRIMOVAL (Specify) 8/18/00 /lenn	CRY OR CREMATORY (A)CANTON (City, town, or county) (Style)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 8-18-55 JOHN Y ALLY Th. D.	24. FUNERAL DIRECTOR Hilloughty
	East New Macket Mit.

BUREAU V. S.
AUG SS 1955

7712 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 1.16
--	---------	------------	-------------	----	-------	----------

MINDICAL EMANT	HILL S CLAR	IIIIOAIL	OF DE	No
1. PLACE OF DEATH:		2. USUAL RESIDENC	E (HOME) OF DECH	EASED:
COUNTY Dorchester	MARYLAND	STATE Maryl	and county D	orchester
CITY (If outside corporate limits, write RI OR and give nearest town) TOWN Taylors Island	(in this place)	OR	orporate limits write	RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Few Hours	STREET ADDRESS	(If rural, give	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mon	th) (Day) (Year)
DECEASED: (Type or Print) T.F.VT	S'	TEWART	OF DEATH Aug.	8. 1955
RACE: WID	OWED, DIVORCED,	e of Birth: 9.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of	10b. KIND OF BUSINESS OF INDUSTRY:	R 11. BIRTHPLACE	(State or foreign con	COUNTRY?
even if retired): Laborer	Varied		del Co., M	d. USA
13. FATHER'S NAME:		14. MOTHER'S MAID		2.2
Charles Ste	wart		deline Ha	44
(ies, no, or unk.) (ii ies, give war or dates of		17. INFORMANT & AI		
service)		Ida Stewart,	Freetown,	Maryland
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause out to be stating underlying cause last (c)	teris sclera	komboais sis, gran	olezid	12 hour
II. OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING DE	EATH.			
19a. DATE OF OPERATION: 19b. MAJOR	FINDING OF OPERATION:			20. AUTOPSY? Yes \(\subseteq \ No \(\subseteq \)
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, OF street, office bldg., etc. INJURY	21c. (City or town) (County	(State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	2Ie. INJURY OCCURRED While at Not while work at work	21f. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I took char find that death resulted from: I SIGNATURE H. (23. BURIAL, CREMATION, DATE THER	ge of the remains describ Natural causes , Accid	dent [], Suicide [] CHIEF DEPUT M. D. ASSIST.		Undetermined cause
REMOVAL (Specify): 8/11/19		Cemetery	Magothy,	Maryland ADDRESS
REG. 8-9-56	have the			timore, Md.

VS. A15A - 5 - 53

ARGIN RESERVED FOR BINDING

carefully. The correct and legibly.

M

BUREAU V. &

. W Security Course the major with the best works

CONTRACT TANDERS CONTRACTOR CONTRACTOR

Liet wellsto to a

Total Country, Exercise, 1 -1-1-no

SZEL ES DUA

BECEINE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CER	CTIFICATE OF DEATH	No. 110
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Dorchester MARYLAND	STATE Md. COUNTY Dorches	ter
CITY (If outside corporate limits, write RURAL LENGTH OF STAY		
OR and give nearest town) (in this place) OR and give nearest town) OR and give nearest town) OR and give nearest town)	TOWN Fishing Creek	X
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	1
ISTREET ADDRESS Cambridge Maryland Hospi		
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) EISIE CREIGHTON	TOLLEY DEATH AUG. 24.	19 55
RACE: WIDOWED, DIVORCED.	E OF BIRTH: 9. AGE last birthday: IF UNDER I YE	
demale White (Specify): widowed 6-	8-188/ 71 yrs. Months Day	
work done during most of work life, INDUSTRY:		CITIZEN OF WILAT COUNTRY?
even if retired Housewife Own Home	Maryland	USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO. 1	Laura Phillips	
(Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
no service) none	Mrs. James Simmons: Cambr	idea Ma
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CAL CERTIFICATION	INTERVAL BETWEEN
90110		ONSET AND DEATH
Immediate cause (a) Gerebral Vascu	lar Accident	l day
Antecedent cause(s)		0 3
Diseases or conditions, if any, (b)	emur	2 days
giving rise to the above cause DUE 10		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OF CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		
8-23-1955 Fracture Neck	r Femur	20. AUTOPSY?
	y. 21c. (City or town) (County)	(State)
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factors OF street, office bldg., etc.	Fishing Creek Dor.	Md.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
INJURY *** 22 1900M. work at work		
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes [], Acci	chief Medical Examiner	mined cause [].
Man Jana	DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or cou	inty) (State)
DEMOVAL (Specify)		(,
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	morial Cemetery Fishing Cre	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of Information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

ARGIN RESERVED FOR BINDING

SECEIVED 299 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	1133	F
---	----------	-------	------------	----	-------------------	----	------	---

アプロミ	CERTIFICATE	OF	DEATH

Reg. Dist. No. 114

	The state of the s	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
county Dorchester Maryland	state Maryland COUNTY Dore	chester
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY If outside corporate limits, write RURAL ar	
OR and give nearest town) (in this place)	OR	10
Campinge Infie	TOWN Cambridge	17
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	/
O'OSTREET ADDRESS 144N Washington Street	144N Washington S	treet
		ny) (Year)
(Type or Print) EMMA CORNELIAUS V	AUGHN OF DEATH: Aug. 2	8. 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday 15 UNDER 1 YE	AR IF UNDER 24 HRS.
RACE: WIDOWED, DIVORCED.	Months Da	vs Hours Min
Female Negro (Specify) widowed Jan. OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) by the second of the second	16, 1883 72 yrs. 7 1	2
work done during most of working life, OR INDUSTRY:	11. BINTHPEACE (State of Toleign country): 112.	COUNTRY?
Housewile Home	Dorchester County, Md.	USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Oliver Nichols	Francis Bryan	
5. WAS DECEASED EVER IN U.S. ARMED FORCES! IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Armanda Charma Cambada	26
	Arreda Sharps, Cambridge,	Maryland
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN ONSET AND DEATH
11200		ONSE! AND DEATH
IMMEDIATE CAUSE (A) Arteriosc	lerotic Heart Disease	
DUE TO		
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) Cardiac D	ecompensation	
GIVING RISE TO THE ABOVE CAUSE DUE TO	GOOMPOIIB & DEL	
STATING UNDERLYING CAUSE LAST.		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		w.
DISEASE OR CONDITION CAUSING DEATH.	- h	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		YES NO
11A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg 12	tory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)
TID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov	11 10 52to Aug 28 1055 that I lost	now the deceased
	M, from the causes and on the date s	
SIGNATURE TO THE STATE OF THE S	D. 227 Pine St-Cambridge, Md	8-30-55
J. EDWIN FASSETT, M	ERY OR CREMATORY LOCATION (City, town, or	
REMOVAL (SPECIFY)		
Burial 9/1/1955 Old Field	Cemetery Dorchester Co	ounty, Md.
DATE REC'D BY LOCAL REGISTRAR'S SENATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR & Lace & LO	Herbert M.St.Clair, Jr., Can	nbridge .Md.
	ننفذة كشاط للنفاذ المنافذة المساحدة الم	

BUREAU V. S.

SEP 2 1955

A DESCRIPTION OF THE PARTY OF T

1

legibly.

and

clearly

death

ormation

Jo

item

causes

upply the c

S

write

ease

Physicians:

important.

especially

02

200

correct

EA

SE TYPE OR WRITE PLAINLY, WITH UNFADING IN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18(1) 77.38 CERTIFICATE OF DEATH Reg. Dist. No. //6 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Dorchester STATE Marvland county MARYLAND Dorchester CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITYIIf outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) TOWN TOWN Cambridge Cambridge davs HOSPITAL OR STREET (If rural give location) INSTITUTION OR **ADDRESS** Light Street STREET ADDRESS Cambridge Maryland Hospital (First) (Middle) NAME OF (Last) 4. DATE (Month) (Day) (Year) DECEASED OF (Type or Print) MARY 1955 DEATH: AUGUST 6. COLOR OR | 7. SINGLE, MARRIED. 8. DATE OF 9. AGE last birthday IF UNDER I YEAR BIRTH: IF UNDER 24 HRS. RACE: WIDOWED, DIVORCED. Months Days Hours (Specify): Female Thite Married IOA. USUAL OCCUPATION (Give kind of work done during most of working life, 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT OR INDUSTRY: COUNTRY? even if retired): Housewife Maryland 13 FATHER'S NAME. 14. MOTHER'S MAIDEN NAME: Charles A LeCompte Mary Mara Seward 15. WAR DECEASED EVER IN U.S. ARMED FORCES! IS. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes. no. or unk.) (If Yes. give war or dates 217-16-9622 of service) Mr. Oden G. Theeler: Cambridge, Maryland 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 204.2 IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S' DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: 20. AUTOPSYT 218. PLACE (Home, farm, factory. OF INJURY street, office bldg., etc. 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 21c. WHERE DID_(City or town) (County) (State) INJURY_OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while OF INJURY at work at work , 1955, to 8-2, 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from 3060..... 19 and that death occurred at 8 6 M, from the causes and on the date stated above. alive on SIGNATURE DATE SIGNED 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF (State) REMOVAL (SPEC(FY) Dorchester Memorial Park Cambridge, Maryland REGISTBAR'S SIGNATURE DATE REC'D BY LOCAL FUNERAL DIRECTOR ADDRESS REGISTRAR LeCompte Funeral Service Cambridge. Maryland

VIZOEIV E

BUREAU V. S.

THE PROPERTY AND THE PROPERTY OF THE PROPERTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	134	27	17
44	- 4	1	5.0

CERTIFICATI	C OF DEATH Reg. Dist. No. //6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL OR and give nearest town) // TOWN Cambridge LENGTH OF STAY (in this place) 5 years	CITYIIf outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge /3
HOSPITAL OR () STREET ADDRESS Cambridge—Maryland Hospital	STREET (If rural give location) / ADDRESS 405 Academy St.
DECEACED	(Last) 4. DATE (Month) (Day) (Year) of DEATH:Aug.4.,1955 19
	OF BIRTH: 9. AGE iast birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Dave Hours Min
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired): retired waterman self employed	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Bishops Head, Md. U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Wingate	Mary Wingate
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO none	17. INFORMANT & ADDRESS: Elsie Andrews, Cambridge, Md.
18. MEDICAL CERTIFICAT	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	cleratic Ceart disease
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work	21F. HOW DID INJURY OCCUR?
alive on Curred at sychature 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE BURIAL Aug. 6, 1955 Dorchester M	30, 1955, to Aug. 3, 1955, that I last saw the deceased 4.45 Mr. from the causes and on the date stated above. DATE SIGNED ERY OR CREMATORY FLOCATION (City, town, or county) (State) Lemorial Park Cambridge, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR ADDRESS Kenneth R. Thomas, Cambridge, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

ARGIN RESERVED FOR BINDING

BUREAU V. S.

OBATE OBN

The

legibly.

and

early

ਹ

death

of

WIL نح

se

eag

p

Physicians:

tant.

impor

especially

.02

ಪ

information

item

every causes

pply

Su

C

Z

I

COUNTY

OR

5. SEX

Female

no

OF INJURY

Burial

REGISTRAR

TOWN

4 国 RITI K 0 PE LA 回 S 4 回

is

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. //6 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED: Dorchester STATE Maryland MARYLAND COUNTY Dorchester CITY(If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) LENGTH OF STAY and give nearest town) (in this place) life TOWN Cambridge (Rural) Cambridge Rural HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS RFD#3 (First) 3. NAME OF (Middle) (Last) DATE (Month) (Day) (Year) DECEASED OF LAURA WHEATLEY WINGATE (Type or Print) 19 55 DEATH: 6. COLOR OR 17. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR RACE: WIDOWED, DIVORCED. Months Days Hours (Specify): White Widowed IOA. USUAL OCCUPATION (Give kind of) 10s. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 112. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: even if retired) Housewife COUNTRY? U.S.A. Own Home Maryland 13. FATHER'S NAME: John Wheatley Henrietta Wheatley 17. INFORMANT & ADDRESS: 18. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) Lauretta Wingate: Hudson, Maryland none 18. MEDICAL CERTIFICATION INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO V 21A. ACCIDENT WAS UNDERLYING [21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? at work at work 22. I hereby certify that I attended the deceased from 8-3, 1955, that I last saw the deceased , 1955, and that death occurred at 10:00 AM, from the causes and on the date stated above, alive on X28 SIGNATURE ADDRESS DATE SIGNED 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) Dorchester Memorial Park Cambridge, Maryland DATE REC'D BY LOCAL REGISTRAR'S 4. FUNERAL DIRECTOR LeCompte Funeral Service ADDRESS

Cambridge, Maryland

